

BIDDER REGISTRATION FORM

Fax Completed Form to (703) 248-5444 or email to purchasing@fallschurchva.gov

Thank you for your interest in doing business with the City of Falls Church. Vendors interested in doing business with the City should submit this form via fax to the number above or email to purchasing@fallschurchva.gov. In addition, you should register with eVA, the commonwealth of Virginia's electronic procurement portal, http://eva.virginia.gov. Registration with eVA provides vendors with notice of business opportunities from government organizations all across the Commonwealth. For help or more information on eVA you may visit http://evaregishelp.dgs.state.va.us/contactus.htm or contact BuySense (eVA support line) at 1-866-289-7367, TTY 711.

Submission of this Bidder Registration Form is no guarantee a Bidder will be solicited for bids and/or quotes. Bidders are urged to regularly check the City's Website (http://www.fallschurchva.gov; then click the "Purchasing & Procurement Link") to keep apprised of current opportunities and requirements. The City uses its Purchasing and Procurement Webpage and eVA as channels to provide vendors with access to notices of formal bids and to publish Invitations for Bids (IFB) and Requests for Proposals (RFP).

BUSINESS INFORMATION

BUSINESS NAME:			
Diversity Status: Minority Owned S (As certified by the Virginia December 1)	Small Business epartment of Minority I	Woman Owned Business Enterprise; http://v	Veteran Owned www.dmbe.virginia.gov)
Payment/Discount Terms: 1 percent/20 days	2 percent.	20 days Net 30 days	other
Web Site Address:			
Email Address for Notification of Formal S	olicitations :		
Type(s) of Products or Services Offered:			
BIDDER ADDRESS INFORMATION			
Contact Person Name/Title:			
Mailing Address:			
City, State, Zip:			
Telephone:			
Email:			
PURCHASE ORDER ADDRESS INFORMA	ATION: Same as Bidd	er Address: Yes No	
Contact Person Name/Title:			
Mailing Address:			
City, State, Zip:			
Telephone:			
Email:			
REMIT TO ADDRESS INFORMATION S	Same as Bidder Addro	ss: Yes No	
Contact Person Name/Title:			
Mailing Address:			
City, State, Zip:			· · · · · · · · · · · · · · · · · · ·
Telephone:		Fax:	
Email:			